PTO/SB/17 (07-06)
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CONTROL DISTRIBUTION CONTROL C	espond to a doxedian of internation diffess it displays a valle date control (lightest).							
Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/698,357-Conf. #1165		
FEE TRANSMITTAL						November 3, 2003		
For FY 2005						Oh-Yong CHOI		
				Examiner Name		E. A. Rielley		
Applicant claims small entity status. See 37 CFR 1 27				Art Unit		2879		
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00				Attomey Docket No. C		0630-1861P		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
• • • • • • • • • • • • • • • • • • • •	-	ING FEES		ARCH FEES	EXAMIN	NATION FEES		
Application Type	Fee (\$)	Small Entity	Fee (\$	Small Entity	Fee (\$)	Small Entity	Ecos I	Paid (\$)
Utility Utility	300	Fee (\$) 150	500) <u>Fee (\$)</u> 25()	200	<u>Fee (\$)</u> 100	rees I	वाध (क)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	000	0	***************************************	
2. EXCESS CLAIM FEES	200	100	U	Ū	V	v	***************************************	Small Entity
Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues) 50 25								
Each independent claim over 3 (including Reissues) 200 100								100
Multiple dependent claims 360 180								180
Total Claims Extra Claims Fee (\$) Fee F			aid (\$) <u>Multiple Dependent Claims</u>					
x =					Fe	<u>e (\$)</u> <u>F</u>	ee Paid (\$	<u>)</u>
HP = highest number of total claims paid for. If greater than 20.								
			Paid (\$)					
2 - 3 = HP = highest number of independ		ald for, if preater tha	n 3					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1 16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 1253 Extension for response within third month 1,020.00								
SUBMITTED BY Signature	14	2001 - 1		Registration No	39,538	Telephone	(703) 20	5-8000
Name (Print/Type) Names T		ery 4		(Altomey/Agent)	03,000		entember	
Market (FB89/1708) MAIDES	zuer d€					LURIO S	eniem ne r	20 201016 E

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